cluding aphasia, agraphia, verbal amnesia, verbal deafness, and verbal blindness, with some attempt to localise the relative lesions. In the July number M. J. Delbœuf, pursuing the subject of "La Matière brute et la Matière vivante," attacks the origin of life and death! M. Victor Brochard considers the logical bearing of Belief, and M. Charles Secrétan follows on with an essay, half-hopeful and half-pessimistic, upon the revival of Thomist philosophy on the Continent and the general outlook for the next generation, set midway between Catholicism and Materialism: upon which again follows, oddly, a criticism of the third volume of Herbert Spencer's Principles of Sociology. In August M. Tarde was again active on the subject of the recent studies of cotemporary Socialism, those, namely, of Paul Janet, Emile de Laveleye, and Masseron. M. Ribot contributes a very long study of the "bases affectives de la personnalité," and there is a short notice of the French translation of Mill's Utilitarianism. September produced little of note, except a further instalment of M. Delbœuf's treatise on Living Matter and a notice of L. Fischer's book on Hypnotism. In October M. Delbœuf closed this series of papers, and M. Ribot went on with "Bases Intellectuelles de la Personnalité:" and two treatises were begun, one by M. Perez, on "Theories of Education," and the other by M. G. Pouchet, on the biology of Aristotle, both of which were continued duly in the following month, when M. Tarde contributed a very readable article entitled "What is a Society?" In November there came also a cloud of notices and reviews, including one of Stricker's "Philosophie des Rechts" and another of Kussmaul's book on diseases of speech, besides others on Bernheim's Treatise on Suggestion in hypnotic and waking states, De Varigny's Researches on the electric excitability of the cerebral convolutions, A. Bain's Practical Essays, the "Journal of Mental Science," and the Proceedings of the Society for Psychical Research.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital on Friday, 13th February, 1885, Dr. Rayner, President, in the chair. There were also present: Drs. J. Adam, S. H. Agar, R. Baker, D. Bower, C. E. Brunton, D. Brodie, C. Clapham, P. E. Campbell, W. C. Daniel, W. Eager, B. B. Fox, R. Jones, H. Major, W. J. Mickle, J. H. Paul, H. Rayner, R. S. Phillips, W. S. Roots, G. H. Savage, W. H. O. Sankey, H. R. Sankey, J. B. Spence, H. Sutherland, A. H. Stocker, H. Stilwell, D. Hack Tuke, C. M. Tuke, E. S. Willett, L. A. Weatherly, T. O. Wood, Wm. E. R. Wood, &c., &c.

The following gentlemen were elected members of the Association, viz.: C. T. Street, M.R.C.S. and L.R.C.P., Ass. Med. Off. County Asylum, Prestwich; H. T. Sells, M.R.C.S. and L.R.C.P., Ass. Med. Off. County Asylum, Prestwich; J. L. Leslie, M.B. and C.M. Aberd., Senr. Ass. Med. Off. Bethnall House, Cambridge Road, E.

https://doi.org/10.1192/bjp.31.133.133 Published online by Cambridge University Press

Dr. SAVAGE submitted two pathological specimens, and said :—I have, as usual, got some specimens from the pathological side to contribute to this afternoon's session. The first is taken from the body of one of the chronic cases in Bethlem, and is a ruptured right auricle. The patient had been in Bethlem nearly half a century, and was about 90 years of age. He had become more and more weak-minded, and during the past few years had been too weak to be trusted to go about by himself, as he had been for years before. He caught cold, and the result was an attack of bronchitis, which in itself was not severe. He, however, one morning, as he attempted to get out of bed, fell down dead; and on post-mortem we found a large rent in the right auricle of more than two inches in length. In the pericardium there was but one clot of no great size; so that, in fact, it looked as if the heart had ruptured in contracting and never filled again, and no further flow of blood occurred. As might be expected, the arteries all over the body were very atheromatous; but beyond this, and general cortical wasting of brain, nothing noteworthy was found. In the second case, I exhibit a specimen of apoplexy of the cerebellum. This is sufficiently rare to make its record necessary, though I fear its interest is general rather than psychological. The patient, also one of the few incurables kept at Bethlem, had for over a year been developing heart trouble, and her breathing became difficult, especially at night; so that she would go to bed, sleep well for several hours, and then wake in extreme anxiety and dread. There was no doubt about the state she was in. She was seen both by myself and Dr. Wood in her paroxysms, and every remedy was tried to relieve her. At one time stimulants did good, but later nothing had any effect. She was seized three days before death with an unusually severe attack, which never subsided. Œdema of the lung followed, and the patient remained in a very wretched state, gasping for breath, till within 12 hours of death, when she suddenly tried to get up, fell back, and became unconscious. She never recovered consciousness, and died. After death we found old pleuritic adhesions over the right lung, the root of right lung tightly matted together, the arch of the aorta dilated and atheromatous; no bulging in any spot. The rest of the body was fairly healthy, but there was an apoplectic mass of the size of a large walnut occupying the lower surface of the median part of the right lobe of the cerebellum, and pressing into the fourth ventricle, but still contained within the membranes. The only symptom in life was the sudden springing out of bed, and a fall with a rotation as she fell. There was no skilled witness as to the direction of the fall, and unconsciousness at once following prevented further details. I have been much struck of late with the comparative frequency of hæmorrhage in the skull in cases dying of other diseases; cases in which the apoplexy is quite secondary, the apoplexy being but the local sign of a very general decay. General vascular degeneration is sufficiently common, but all its many vital symptoms are not sufficiently understood. In the first case, the old man might still have been living, with a fatty heart and the placid want of emotion common to the dement, had not bronchitis placed a bar to his circulation, thus causing the rupture on the right side; and in the second case, the apoplexy was but the final step in the downward process.

Dr. HACK TUKE exhibited some clothing material which he had obtained at Belfast, and which was intended to be used for destructive patients, it being very strong, a neat pattern, and washing well. It could be obtained by application to Messrs. Ewart and Co., Bedford Street, Belfast.

Dr. MICKLE asked Dr. Savage what quantity of blood was in the pericardium. In those cases of rupture of the heart the deaths were usually rapid, but not sudden, death seeming to occur from the pressure of the blood in the pericardium upon the heart mechanically stopping its action. Perhaps, in the case brought forward by Dr. Savage, the auricle being stated to have been enormously dilated. there might have been several ounces of blood effused. He (Dr. Mickle) had known one case in which there had been a very large amount.

Dr. SAVAGE said that the amount could not have been more than an ounce and a half. There was one small clot. It seemed that the absolute suddenness

https://doi.org/10.1192/bjp.31.133.133 Published online by Cambridge University Press

had been sufficient to cause sudden death. He maintained that it was a charge of the auricle, because the clot was of the form of the auricle as if in contracting—not as much as could be possibly stuffed into the auricle, but as much as it would contain.

Dr. WEATHERLY mentioned two cases which he had met at inquests, in one of which the death took place in twenty minutes and in the other in a quarter of an hour. In both cases the pericardium was very distended, and in the first case there was a great deal of pain.

The PRESIDENT said that Dr. Hayes Newington was unavoidably prevented from attending on the present occasion to read his paper on "The Influence of Minor Uterine Troubles on Insanity." He therefore called upon—

Dr. HACK TUKE to read his paper on "The Insane in the United States." (See American Retrospect.)

The PRESIDENT, referring to what Dr. Tuke had heard in America that some British medical superintendents were in the habit of saying that restraint was never necessary, said that he had met a very large proportion of the British superintendents but had never heard one of them express that opinion, and he thought that most of the British medical superintendents had at sometime or other openly stated their view that they would use mechanical restraint whenever necessary; in fact, that they regarded the term "non-restraint" as being a misnomer, seeing that all confinement in an asylum was "restraint." With reference to the mode of admission in Massachusetts where it was necessary to have a Judge's order, but where an emergency certificate for one week was also provided, it would be interesting to know how often the emergency certificate was used, for they had heard that in other places where those certificates were in use there was more "urgency" than ordinary admissions. One of the cheaply built houses at Kankakee appeared to have been burnt down, and there was news, that afternoon, of the burning of an asylum in Philadelphia with a loss of several lives. As to the greater proportion of assistant medical officers he had himself touched upon that point some years ago in a letter to the "Lancet," and found the proportion similar to that stated by Dr. Tuke.

Dr. BRODIE said that his observations would be of a very limited character. On a former occasion he had visited all the then existing asylums in the States, but on this occasion his object was principally of a friendly character. He crossed the continent to San Francisco and was gratified to find that the new State had made a beginning in providing an institution for the training of imbeciles, and there they had adopted the same plan that Dr. Tuke had alluded to in connection with the insane asylums, viz.: of having separate buildings. They entered into possession of a place which had been used for white sulphur springs, and found three or four separate detached buildings there, and they thought that they would be an advantage to them. Another institution which he visited with extreme interest was the oldest institution in the States of that character, and was under the care of Dr. Brown, of Massachusetts. It was begun by Dr. Wilbur, late of Syracuse, and exhibited most satisfactory features in all its details, having one hundred and fifty acres of ground and eight buildings occupied by the children, who numbered 75. They were all paying patients, and it was entirely a private enterprise. The Massachusetts institution had altered somewhat in its relation to the State, for the notorious Ben Butler, when in power, had pounced down upon an insane asylum as a very useless thing, and prevented the usual annual appropriation from being made, compelling the asylum to charge the several counties of the State for the pupils they sent. At South Boston the work was being carried on in a very satisfactory way. A young physician had accepted the charge and was going on well. He heard of the existence and comparative prosperity of other institutions of that kind, but the three named were the only ones he visited. He saw the Middletown Asylum, mentioned by Dr. Tuke, and also visited the asylum at London (Ontario), in the gratifying report of which asylum he very heartily agreed, and he might supplement Dr. Tuke's remarks as to married assistant physicians by saying that he had seen three cottages presided over by married

https://doi.org/10.1192/bjp.31.133.133 Published online by Cambridge University Press

attendants, the wives and children being present with them. It was surely a good thing when the attendants had the opportunity of being associated so thoroughly and permanently with their appointments. He had been very much interested in Dr. Tuke's paper.

Dr. BAKER said that he largely agreed with Dr. Tuke's paper. He should like to emphasize their sense of the very marked kindness with which they had been received by the American superintendents, and which was more than they could possibly have expected. Some of their medical friends drew up a programme for their visits and passed them on from one place to another, and by staying at the different asylums they had a much better opportunity of studying the inner life of the institutions than they would otherwise have had. As to the question of restraint, although, undoubtedly, it might be of service in individual cases, he doubted whether it was of much use generally. It was so exceedingly easy to introduce restraint, and so exceedingly difficult to discontinue it. He visited one asylum purposely on a Sunday, and counted twenty-six patients in restraint, not one of whom he should have thought of putting into restraint. On asking the medical officer the reason of this, he was told that not nearly so many patients would have been in restraint had they not been very short of attendants on Sundays, and therefore it saved trouble. At another asylum which he visited he asked how it was such-and-such a patient was restrained, and the sub-governor said that when he went round in the morning the patient was not in restraint; whereupon he (Dr. Baker) rejoined: "Surely you do not allow the attendants to place people in restraint?" "Oh! no!" was the reply, "of course not! They are always bound to report it in the evening when they do so." He really thought they ought to be exceedingly careful in using restraint. There was a very curious circumstance to be noted. In America there seemed to be a very grave distrust of asylums by the general public, which was shown by the power which the public had gained of being admitted to go over them. Seeing so many people about he asked the reason, and was told that the asylums were practically thrown open; they had had two or three thousand visitors in that year, twenty editors in one day, and so forth. Well, he thought that was extraordinary; and that feeling of distrust was showing itself in another way. People of the middle class were not generally liking to send their patients to the larger asylums, so small private asylums were springing up, and while in England there was an outcry against private asylums all round, in America they were being started. As to patients in an excited condition not getting so much open air as they would here, that was owing to the mistaken way in which asylums were constructed. Instead of one or two stories there were four or five, and the most noisy patients were, strange to say, placed at the top of the house. As a rule they certainly had good means of ventilation, and so the authorities did not care so much to get the patients out as would be done were these patients kept as in England on lower stories.

Dr. SAVAGE said that he had not been to America, but he had been to Gheel, the city of the simple, and the members might perhaps like to hear his remarks on what he had seen. In that district there were 1,700 chronic lunatics and a relatively small number of acute lunatics scattered nearly all over the country. There was a central establishment containing sixty patients, and he did not wonder at some visitors giving an evil report, for the central establishment, looking well from without, was within certainly not to be compared with even the worst of the English asylums; he meant for the very bareness of things. The whole thing was rough and plain, but then the patients had been used to very plain houses and did not seem to feel it. The baths were small and inconvenient. A few of the dormitories for quiet patients were excellent. The smells were dreadful—continental. Patients were first brought into the central establishment, then, if not troublesome, they were sent miles away into cottages. Sometimes they were hobbled. It seemed to him that extraordinary freedom was given. Going round, he would ask "Where is So-and-so?" and the answer would be "Well, sir, he was rather bad-tempered and he has gone

https://doi.org/10.1192/bjp.31.133.133 Published online by Cambridge University Press

out." When a man had an attack of excitement they let him go out. Some others were fishing all day long. There was no doubt about the freedom, and the fact that patients could be managed as they were managed, being chronic cases, was interesting. Going about the streets his chief companion was a young Swiss, who had spent a small fortune as a "moral lunatic," as the doctor said, and who showed him the seamy side of Gheel. This Swiss said that he had heard both sides and neither view was true. He had lived there as a patient, going about and teaching German, and he also went out bird-coursing and entering into the other occupations of the place, and the only fault he could point to was the liability of the peasants getting too much work out of the imbecile patients. He said he was quite sure that there were a lot of quiet dements who were set to do mechanical work from early morning till late at night, the peasants setting them on the job and leaving them there, but undoubtedly the peasants fared better themselves. Every patient had from fifteen to eighteen-pence a day. The living there was cheap. A congress of medical men was being talked of in connection with the international assembly which was to meet at Antwerp this year, and invitations would probably be sent to members of that Association to go and visit Gheel at the same time. It was, of course, worth seeing. He had no remark to make on Dr. Tuke's paper except that he had been struck by the fact that the Americans paid most of their officers better than in England, but then there were no pensions.

Dr. HACK TUKE remarked that the medical superintendents were not so well paid. He mentioned the case of a distinguished superintendent who had only £500. In one instance a superintendent received £400 and the assistant £200 per annum.

Dr. SAVAGE said that every year it became more apparent that until insanity was treated more like other diseases, its treatment would not make the progress which it should. At a hospital considerable time was devoted to going round and talking about things with students and clinical assistants, but a medical superintendent in a lunatic asylum might think himself fortunate if he had about 250 or 300 cases to deal with all by himself. They were obliged to generalize without having the opportunities for discovery from which generalization ought to be made.

Dr. TUKE, in reply, said that as regards the President's remarks in reference to "non-restraint," it was constantly alleged and generally understood that the "non-restraint" system was accepted by English alienists and superintendents. The question depended, it would seem, upon the acceptation of the term "non-restraint." If it meant that it was not to be used except in surgical cases, and yet was really used in other cases, then he did not wonder at the Americans being surprised when they visited our asylums and observed even the few instances of restraint which might be seen. He was not objecting to this; he only wished for consistency of doctrine and practice. Then as to placing the more excitable cases on the upper stories. Surely it was a constant temptation not to let them go out when they ought to do so. They had all seen very serious struggles in bringing such patients downstairs, and it was sure to end in the patients not going out as often as they should. Certainly there was generally good ventilation at the end of these corridors by which the patients could get fresh air, but that was not exercise out of doors. As to salaries, it was to him curious to find an experienced medical superintendent getting only between £500 and £600 a year, while the assistants and the ordinary attendants were better paid in proportion, and certainly better than in England. As to the furnishing of the wards for excitable patients, he must say there was no asylum which he had visited in America where such wards presented the same amount of furnishing and decoration as they did at Bethlem. The other wards in American asylums were often exceedingly well furnished and most cheerful and pleasant. At the asylum, of Concord (New Hampshire), they had capital arrangements for friends visiting the sick. It was so arranged that there was a room nicely furnished adjoining the sick-room, and the friends frequently came and stayed for a week or two. This arrangement was very much

https://doi.org/10.1192/bjp.31.133.133 Published online by Cambridge University Press

liked by the patients' friends, and it proved to them also the confidence which the authorities felt in the treatment patients were receiving in the asylum. He had not had time to refer to asylums for the criminal insane, but he might say that it was highly desirable there should be more of them in the United States. That at Auburn, New York, was the only one in existence.

Correspondence.

THE ABOLITION OF PRIVATE ASYLUMS.

To the Editors of the "JOURNAL OF MENTAL SCIENCE."

GENTLEMEN,—I conjecture that most of the members of our Society have seen, or at least have heard of an article which Dr. Bucknill has contributed to the February number of the "Nineteenth Century" on the "Abolition of Proprietary Madhouses." Very remarkable as that article is in title, conception, argument, conclusions, vehemence and picturesqueness of its periods, and above all in the intrepidity with which the writer has cut himself adrift from the well-weighed opinions of himself and others, and from many of the traditions of our Association, yet probably had Dr. Bucknill, as on a former occasion, withheld from it the prop of his name, it would have been allowed to pass, not perhaps without a shade of regret on our parts, that private asylums have yet again been requisitioned to supply the requirements of both readers and writers.

Before going into the issue between ourselves and Dr. Bucknill, I must advert to a matter in which the whole of the Association is interested. I refer not only to the title of the article, "Proprietary Madhouses," but to the unjustifiable use by him of such words as "keepers," "imprisonment," "captives," &c. It has been the object of all connected with the treatment of insanity to draw away even in nomenclature from the dreadful state of things that existed years ago. So fully has this tendency been recognised that an old rule, enacted in 1855, has been allowed to lapse, probably from its being considered to be supererogatory. Rule 17 ran—"That by the members of this Association such terms as *lunatic* and *lunatic asylums* be as far as possible disused, and that except for official and legal purposes the terms *insane persons* and *asylums* be substituted, and that generally all terms having an opprobrious origin or application in connection with the insane be disused and discouraged."

If even these terms were deemed undesirable, how much more so are those made use of by Dr. Bucknill. I feel sure that this relapse on his part will not meet with the approval of any one of us, and that this will be still more the case on account of its having occurred in a lay publication.

That Dr. Bucknill has in times gone by thought better and spoken in a more brotherly manner of the proprietors of private asylums, will be made manifest by a reference to his presidential address in the year 1860 ("J. M. S.," Vol. vii). In this will be found not only a general exhortation to unity, but a positive deprecation of "contention," "jealousy," and "the assumption of difference of feeling on personal grounds."

However, this is a thing of the past, and a protest must be entered if only to save us from the reproach of acquiescing by silence in the truth of his statements.

Delenda est Carthago!—In such words Dr. Bucknill proclaims that the total abolition of private asylums, without compensation, without pity, is the only thing that will satisfy him. This, the sole aim and end of his article, he supports with a variety of reasons—scientific, social, and professional. Among other grounds for this destruction are the following:—The existence of a pecuniary interest to do that which is wrong (this leading to the admission of people that should not be admitted; the neglect to attempt any curative treatment; the detention of people after they ought to be set at liberty); the

https://doi.org/10.1192/bjp.31.133.133 Published online by Cambridge University Press